

**CRITERIA FOR PRIOR AUTHORIZATION**

Tofacitinib

**PROVIDER GROUP** Pharmacy  
Professional

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Tofacitinib (Xeljanz®)

**CRITERIA FOR RHEUMATOID ARTHRITIS (RA)** Must meet all of the following:

- Patient must have a diagnosis of moderate to severe, active rheumatoid arthritis
- Patient must have had an inadequate response or intolerance to methotrexate
- Must be prescribed by or in consultation with a rheumatologist
- Patient must have an evaluation for latent tuberculosis (TB) with a TB skin test prior to initial prior authorization approval
- Patient must be 18 years of age or older
- Patient has not taken a biologic agent (see attached table) in the past 30 days
- Patient must have had the following labs checked prior to initial prior authorization
  - lymphocyte count
  - absolute neutrophil count (ANC)
  - hemoglobin

**RENEWAL CRITERIA FOR RA** Must meet all of the following:

- Patient must have the following labs checked every 3 months
  - lymphocyte count
  - ANC
  - hemoglobin

**LENGTH OF INITIAL AND RENEWAL APPROVAL** 6 months

<b>Biologic Agents</b>	
<b>Generic Name</b>	<b>Brand Name</b>
Abatacept	Orencia®
Adalimumab	Humira®
Alefacept	Amevive®
Anakinra	Kineret®
Certolizumab	Cimzia®
Golimumab	Simponi®
Infliximab	Remicade®
Natalizumab	Tysabri®
Rituximab	Rituxan®
Tocilizumab	Actemra®
Tofacitinib	Xeljanz®
Ustekinumab	Stelara®